MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2							52							
3	/		/	/			53							
4	/		/	/			54							
5	/		/	/			55							
6	/		/	/			56							
7	/		/	/			57							
8		5		/			58							
9	/		/				59							
10	/		/	/			60							
11							61							
12							62							
13		3		/			63							
14		3		/			64							
15	/						65							
16	/						66							
17	/						67							
18	/						68							
19	/						69							
20	/						70							
21	/						71							
22	/						72							
23	/						73							
24							74							
25	/		/				75							
26	/		/				76							
27	/		/				77							
28	/		/				78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	21	←		←	TOTAL IND.				←		←		←
TOTAL DEP.			3				TOTAL DEP.								
TOTAL CLAIMS			24				TOTAL CLAIMS								